

IN CASE OF EMERGENCY

Use this document to record key medical information in case of an emergency.

You can keep the completed document in your wallet or car where it may be accessed by first responders.

Produced by the
ACT Ambulance Service



Name:

Last updated (date):

Residential address:

Date of birth:

Personal phone number:

Sex at birth:

Preferred language:

Gender:

Religion:

Allergies & reactions:

Do you identify as
Aboriginal and/or
Torres Strait Islander:

Yes No

Concession or
pension number:

Medicare number:

Private health
fund and number:

Next of kin name:

Contact

Emergency contact name:

Contact:

Current Legal Guardian or Medical Power of Attorney:

Contact:

General Practitioner:

Contact:

Current medical conditions:

Medical history:

Other relevant information:

Current medications:

Examples might include: Hearing difficulties, mobility aids, glasses, mobility status, sensory issues, cultural or spiritual preferences, triggers, likes and/or dislikes, trauma etc.

Attach specialist care plans and/or advanced care directives.



Endorsed by the
Consumer Advisory
Group, 2025.

Important!

Keep the details on this document accurate and up to date.

Any changes should be promptly communicated to attending staff.

Scan for
help guide

